

D Voice Laryngeal Dystonia

Record ID

Gold Standard Diagnosis:

Does the patient have laryngeal dystonia as determined by qualitative expert team evaluation?
(Select all that apply).

- ☐ Laryngologist
- ☐ Speech-Language Pathology
- ☐ Neurologist specializing in movement disorders

Did the patient have the following assessment?
(Select all that apply).

- ☐ Aural-perceptual evaluation
- ☐ Laryngoscopy or stroboscopy
- ☐ Neurological evaluation

2. Disease Subtypes: (Select all that apply).

- ☐ Adductor laryngeal dystonia (ADLD)
- ☐ Abductor laryngeal dystonia (ABLD)
- ☐ Vocal Tremor
- ☐ Mixed laryngeal dystonia
- ☐ Singer's laryngeal dystonia (SLD)
- ☐ Adductor laryngeal spasms during inspiration (ARLD)

Etiology

What is the etiology?

- ☐ Idiopathic
- ☐ Familial
- ☐ Trauma
- ☐ Unknown
- ☐ Other

Please specify

Does the patient have any of the following concomitant conditions?
(Select all that apply).

- ☐ Essential Tremor of the hands
- ☐ Essential tremor of the head
- ☐ Jaw tremor
- ☐ Dystonia of the head and neck
- ☐ Other type of dystonia

Other type of dystonia

4. Disease Severity

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent
 MI = Mildly Deviant
 MO = Moderately Deviant
 SE = Severely Deviant

Overall Severity	MI	MO	SE
	(Place a mark on the scale above)		

Overall Severity	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Roughness	MI	MO	SE
	(Place a mark on the scale above)		

Roughness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Breathiness	MI	MO	SE
	(Place a mark on the scale above)		

Breathiness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Strain	MI	MO	SE
	(Place a mark on the scale above)		

Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Pitch	MI	MO	SE
	(Place a mark on the scale above)		

Pitch (Indicate the nature of the abnormality):	_____
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Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Loudness	MI	MO	SE
	(Place a mark on the scale above)		

Loudness (Indicate the nature of the abnormality):	_____
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Loudness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
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Comments about resonance	<input type="radio"/> Normal <input type="radio"/> Other
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Please specify _____

Additional Features
(for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms): _____

5. Treatment obtained

Has the patient undergone any treatment for their condition? ☐ Yes ☐ No

Select all that apply:

- ☐ Botox injections
- ☐ Voice/speech therapy
- ☐ Vibrotactile stimulation
- ☐ Deep brain stimulation
- ☐ Magnetic resonance imaging-guided focused ultrasound (MRgFUS)
- ☐ Other

When was the last injection? _____
(weeks ago)

Other, please specify _____